

(8)
10/11**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael Fisher, Pa. Attorney General
15th Floor, Strawberry Square
Harrisburg, Pa. 17120

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

 Agent
 Addressee
D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

OCT 05 2000

3. Service Type

| | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 002757134321

PS Form 3811, July 1999

Domestic Return Receipt

1-CV-00-1389 S.C. under
10-4-00 (R)

3003 102595-99-M-1789

**FILED
HARRISBURG**

OCT 10 2000

MARY E. D'ANDREA, C
Per *S. Fisher*

DEPUTY CLERK

1-CV-00-1389
S. Cause 010
10/4/00**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Mr. Francis Filipi, Deputy Attorney General
15th Floor, Strawberry Square
Harrisburg, Pa. 17120

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

 Agent
 Addressee
D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

OCT 05 2000

3. Service Type

| | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0027 5713 4307

PS Form 3811, July 1999

Domestic Return Receipt

CV-1-00-1389 S.C. under
10/4/00 (R)

2003 102595-99-M-1789